

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH

COVER SHEET PG 1

 RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)

2 Total pages this report:

2004 JUL 15 P 3:39

1/7

3 CANDIDATE / OFFICEHOLDER NAME	TITLE FIRST MI Mr. Richard		OFFICE USE ONLY Date Received	
	NICKNAME LAST SUFFIX Perez			
4 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 9302 Conde Dr. San Antonio TX 78224			
	Date Hand-delivered or Date Postmarked			
5 CAMPAIGN TREASURER NAME	TITLE FIRST MI Mr. Jose		Receipt # Amount	
	NICKNAME LAST SUFFIX Perez		Date Processed	
		Date Imaged		
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 6114 Windy Forest San Antonio TX 78239			
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (210) 433-6000			
8 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)			
9 PERIOD COVERED	Month Day Year THROUGH Month Day Year 01/01/2004 07/15/2004 6/30/04			
10 ELECTION	ELECTION DATE Month Day Year		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any) Other -- City Council 4		12 OFFICE SOUGHT (if known)	
13 DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	... Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ...			
	Name			
	Address/PO Box; Apt. / Suite #; City; State; Zip Code			

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

15 C/OH NAME

Mr. Richard Perez

ACCOUNT # (Ethics Commission filers)

1920

17 NOTICE

FROM
POLITICAL
COMMITTEE(S)

-- This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. --

COMMITTEE TYPE

☒ GENERAL☐ SPECIFIC

COMMITTEE NAME

Waste Management PAC

COMMITTEE ADDRESS

601 Pennsylvania Ave, N.W., Suite 300, North
Washington, D.C. 20004 Bldg.

COMMITTEE CAMPAIGN TREASURER NAME

Mr. Ronald Jones

COMMITTEE CAMPAIGN TREASURER ADDRESS

601 Pennsylvania Ave., N.W., Suite 300, North Bldg
Washington, D.C. 20004☐ additional pages18 CONTRIBUTION
TOTALS1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN
PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 0

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 1,800.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 1,519.95

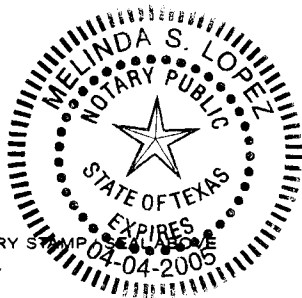
CONTRIBUTION
BALANCE5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY
OF REPORTING PERIOD

\$ 5,237.60

OUTSTANDING
LOAN TOTALS6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$ 18,761.65

19 AFFIDAVIT



AFFIX NOTARY STAMP

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Richard Perez, this the 15th day of July, 20 04, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath



POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

RECEIVED
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CITY CLERK

SCHEDULE A 1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

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1 Total pages in this report:
37

2 FILER NAME

Mr. Richard Perez

3 ACCOUNT #

(Ethics Commission filers)

1920

4 Date

05/12/2004

5 Full name of contributor

☐ out-of-state PAC(ID# _____)

Mr. Daniel Barrett

6 Contributor address; City; State; Zip Code

904 Manor Dr.

San Antonio TX 78228

7 Amount of contribution (\$)

250.00

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

06/15/2004

Full name of contributor

☐ out-of-state PAC(ID# _____)

Mr. Mike Bernard

Contributor address; City; State; Zip Code

11807 Sunburst Lane

201

San Antonio TX 78230

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

02/25/2004

Full name of contributor

☐ out-of-state PAC(ID# _____)

Mr. George Britton Jr.

Contributor address; City; State; Zip Code

7914 Hobbie

San Antonio TX 78227

Amount of contribution (\$)

200.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

04/26/2004

Full name of contributor

☐ out-of-state PAC(ID# _____)

Mr. Jimmy Jimenez

Contributor address; City; State; Zip Code

4026 Glenn Rock

San Antonio TX 78240

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

02/28/2004

Full name of contributor

☐ out-of-state PAC(ID# _____)

Mr. Frank Vasquez

Contributor address; City; State; Zip Code

518 Stimmel St.

San Antonio TX 78227

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A 1**
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this report: 4/7	
2 FILER NAME Mr. Richard Perez		3 ACCOUNT # (Ethics Commission filers) 1920	
4 Date 02/23/2004	5 Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC(ID# C00119008) Waste Management PAC 6 Contributor address; City; State; Zip Code 601 Pennsylvania AVE. NW., Suite 300, North Bldg. Wachinton DC 20004	7 Amount of contribution (\$) 500.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	

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POLITICAL EXPENDITURES**SCHEDULE F**

RECEIVED
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The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:

2004 JUL 15 5:17 P 3:40

2 FILER NAME

Mr. Richard Perez

3 ACCOUNT # (Ethics Commission filers)

1920

4 Date

5 Payee name

7 Amount

(\$)

100.00

3/10/04

Adams Elementary School

6 Payee address; City; State; Zip Code

135 E. Southcross Blvd

San Antonio TX 78214-3515

8 Purpose of expenditure (See instructions regarding type of information required.)

Donation for field trip

9 Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount

(\$)

38.73

05/03/2004

Amols Specialty Inc.

Payee address; City; State; Zip Code

710 S. Flores St.

San Antonio TX 78204

Purpose of expenditure (See instructions regarding type of information required.)

Tokens and gifts for community center constituents

Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount

(\$)

88.46

04/27/2004

Betty's Flower Shop

Payee address; City; State; Zip Code

1701 SW Military Dr.

San Antonio TX 78221

Purpose of expenditure (See instructions regarding type of information required.)

Sympathy wreath for constituent's death

Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount

(\$)

150.00

01/17/2004

Ms. Danae N. Campos

Payee address; City; State; Zip Code

San Antonio TX

Purpose of expenditure (See instructions regarding type of information required.)

Donation for trip to Presidential Classroom Project in Washington DC

Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

POLITICAL EXPENDITURES**SCHEDULE F**

RECEIVED
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The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
6/7

2004 JUL 15 P 3:40

3 ACCOUNT # (Ethics Commission filers)
1920

2 FILER NAME

Mr. Richard Perez

4 Date

03/19/2004

5 Payee name

El Mirador

7 Amount

(\$)

9.82

6 Payee address; City; State; Zip Code

722 S. St. Mary's

San Antonio TX 78205

8 Purpose of expenditure (See instructions regarding type of information required.)

Refreshments for Campaign Meeting

9 Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

03/13/2004

Payee name

Hobby Lobby

Amount

(\$)

436.81

Payee address; City; State; Zip Code

8370 Angora Parkway

San Antonio TX 78154

Purpose of expenditure (See instructions regarding type of information required.)

Campaign supplies

Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

03/13/2004

Payee name

Hobby Lobby

Amount

(\$)

436.81

Payee address; City; State; Zip Code

8370 Angora Parkway

San Antonio TX 78154

Purpose of expenditure (See instructions regarding type of information required.)

Campaign Supplies & Materials

Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

04/10/2004

Payee name

Office Depot

Amount

(\$)

4.32

Payee address; City; State; Zip Code

2321 SW Military Dr.

San Antonio TX 78224

Purpose of expenditure (See instructions regarding type of information required.)

Copies made for campaign voters list

Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
7/7**2** FILER NAME
Mr. Richard Perez**3** ACCOUNT # (Ethics Commission filers)
1920**4** Date
05/07/2004**5** Payee name
Texas Wholesale Flowers**7** Amount
(\$)
220.00**6** Payee address; City; State; Zip Code
915 E. Elmira
San Antonio TX 78212**8** Purpose of expenditure (See instructions regarding type of information required.)
Flowers for senior centers**9** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office heldDate
03/16/2004Payee name
Winston Martin LuncheonAmount
(\$)
35.00Payee address; City; State; Zip Code
San Antonio TXPurpose of expenditure (See instructions regarding type of information required.)
Donation for Farewell FunctionComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office heldRECEIVED
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